EXHIBIT C

Case 06-10725-gwz Doc 8638-	3_Ent	ered 07/14/11 16:1	0:29 Pag	<u>je 2 of 11</u>
	PRO	OOF OF CLAIM		
Name of Debtor	Case Nu	ımber		
MSA Capital)		- 10725		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>			
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
11321241002749	-	_		
ALEXANDER W MARCHUK & DOREEN W MARCHUK 325 MARCHE CHASE DR APT 138	<	Check box if you have never received any notices from the bankruptcy court or	20 1102	
EUGENE OR 97401-8894		BMC Group in this case	SECURED INTE	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
		Check box if this address differs from the address on the	ONE OF THE DE	BTORS ready filed a proof of claim with the
Creditor Telephone Number ()		envelope sent to you by the court	Bankruptcy Court	t or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies d	lebtor	a		E IS FOR COURT USE ONLY
4 8400 500 01 411		Check here replace or if this claim amend	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S (C § 1114(a)	Unremitted principal
Services performed Taxes		calaries, and compensation (fi	ill out below)	Other claims against service (not for loan balances)
Money loaned		digits of your SS # ompensation for services per	formed from	
2 DATE DEDT WAS INCUSED.				(date) to (date)
DATE DEBT WAS INCURRED CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations.	3 IF CC	OURT JUDGMENT, DATE OF	BTAINED	
and to important explanations	Desi descri		nt of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM Check this box if you	ur claim ie eecui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claım ur claım ıs	a right of setoff)	ur ciaiiii is secui	ed by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of o	collateral	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate	Motor Vehicle	Other
Amount entitled to priority \$		Value of Collateral	\$ To	toure
Specify the priority of the claim		Amount of arrearage and secured claim, if any \$	d other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		or rantal of property as
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	services for personal family or	household use -1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	님	Taxes or penalties owed to gove	ernmental units - 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable parage * Amounts are subject to adjusti	ment on 4/1/07 an	d even 2 years thoroater
5 TOTAL AMOUNT OF CLAIM \$ \$	75	with respect to cases commence	ed on or after the	date of adjustment
AT TIME CASE FILED See stolement enclosed (unsecured)	(se	cured)	(priority)	75, 000 - (Total)
Check this box if claim includes interest or other charges in addition to the	principal a	mount of the claim Attach item	zed statement of	(Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit	ed and de	ducted for the nursees of me	lana tha an a f	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security ago DOCUMENTS. If the documents are not available, evaluable, evaluab	nanta aua	h aa maanaa ah a		
DOCUMENTS If the documents are not available, explain If the documents	cuments a	re voluminous, attach a sum	many many	SEND ORIGINAL
B DATE-STAMPED COPY To receive an acknowledgment of the formation proof of claim	filing of yo	ur claım, enclose a stamped,	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent to	by mail or	hand delivered (FAXES NO	r T	TUIC CDAOL COD COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, if for each person or entity (including individuals, partnerships, column acceptable in the column acceptab	nravallma	Doolfin towns on North	40 0000	THIS SPACE FOR COURT USE ONLY
BY MAIL TO				
BMC Group	MC Group			
P O Box 911	330 East F	M Claims Docketing Center ranklin Avenue	F	" 5D OCT 0 2 2006
DATE SIGN and print the name and title if any, of the c	creditor or o	, CA 90245 ther person adthorized to file		
9/28/06 this claim (attach copy of power of attorney ALEXANDER W. MARCHUK	v if Salvi)	7.1/		LIGA ON CO
	AMA I	Tuchuk.		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5 y	rears or both 18 USC §§ 152	2 AND 3571	1072500377

Case L	Jb-10725-0WZ	3EII	lered 07/14/11 16 1	0'29 Pan	<u>e 3 0LLL</u>
UNITED STATES	BANKRUPTCY COURT T OF NEVADA		OOF OF CLAIM	3	
Name of Debtor		Case Number		ĺ	
USA Commercial Mo	rtgage Company	06-107	725-LBR		
arising after the commencemer	F Debtors and Case Numbers or make a claim for an administrative exp nt of the case A "request" for payment of filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
BRECHT MAR 640 COLONIAL FULLERTON C	11321242034050 RSHAL TRUST DATED 2/1 LCIRCLE CA 92835 LC J + JANET - BREC	5/86	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	DEBTORS YOU DESTRUCTION OF CLAIM THIS BORROWER HELD DO NOT FILE THE SECURED INTER ONE OF THE DEI	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
アルッテモモ Creditor Telephone Number (5)			differs from the address on the envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again E IS FOR COURT USE ONLY
	ther number by which creditor identifies of	debtor	Check here replace or amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	<u> </u>	Retires	penefits as defined in 11 U S		Unremitted principal
Goods sold Services performed Money loaned	☐ Personal injury/wrongful death☐ Taxes☐ Other (describe briefly)	Wages s	salaries, and compensation (fill out below)	Other claims against services (not for loan balances)
	SEE EXHIBIT A	Onpaid C	compensation for services pe	mormed from	(date) to (date)
2 DATE DEBT WAS INCURR	ED Nov 11, 2002	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date)
	M Check the appropriate box or boxes that	t best descri	ibe your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important e	•		SECURED CLAIM		
Check this box if a) there is r	no collateral or lien securing your claim or b) perty securing it or if c) none or only part of your	your claim our claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLA	IM		Brief description of Real Estate		Other
Check this box if you have an entitled to priority	unsecured claim all or part of which is		Value of Collateral	_	
Amount entitled to priority	\$			UNE	CNOWN
Specify the priority of the clair	m		secured claim, if any	10 offer charges \$ <u>25,30</u>	at time case filed included in
Domestic support obligations	under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
before filing of the bankruptcy	ions (up to \$10 000)* earned within 180 days y petition or cessation of the debtor's		services for personal family of Taxes or penalties owed to go		
business whichever is earlier			Other Specify applicable part		
Contributions to an employee	benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM	4 \$ 1,709,011 \$	1709,		ioca on or alter the	\$ 1,709,011
AT TIME CASE FILED	(unsecured)	· (s	secured)	(priority)	(Total)
	les interest or other charges in addition to th				-
7 SUPPORTING DOCUME running accounts contracts DOCUMENTS If the docur 8 DATE-STAMPED COPY	all payments on this claim has been cred ENTS Attach copies of supporting docu- is court judgments, mortgages security a ments are not available, explain. If the d To receive an acknowledgment of the	<u>iments,</u> su agreement locuments	ich as promissory notes pure s and evidence of perfection are voluminous, attach a sui	chase orders, inv of lien DO NO mmary	oices, itemized statements of T SEND ORIGINAL
proof of claim	ated proof of alarm farms	4 h			
ACCEPTED) so that it is a for each person or entity (eted proof of claim form must be sen ctually received on or before 5 00 pm (including individuals, partnerships, c	, prevailin corporatio	g Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docke P O Box 911 El Segundo CA 90245-091		Attn USA 1330 East	.CM Claims Docketing Cente t Franklin Avenue	FII H	D JAN 12 2007
	IGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or ney if any)	do CA 90245 rother person authorized to file Winel L Brecht	, Trustee	USA CMC

UNITED STATES	BANKRUPICY COURT	Dis	IRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commerc	ıal Mortgage	1 Mortgage Case Number 06-10725		
NOTH This form st of the ease. A requ	nould not be used to make a claim for an admini- ticst for payment of an administrative expense ma	strative exp y be filed	ense arising after the commencement pursuant to 11 USC § 503	
Name of Creditor (T debtor owes money Morris Massry	he person or other entity to whom the or property)	else your givii	ck box if you are aware that anyone has filed a proof of claim relating to claim. Attach copy of statement g particulars	
Name and address of colors	where notices should be sent. in, Mazzotta & Siegel, P C		ck box if you have never received an ees from the bankruptcy court in this	
9 Washington Squ Albany, New Yorl Telephone number	x 12205	Chec addr the	ck box if the address differs from the ess on the envelope sent to you by court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of a identifies debtor	ccount or other number by which creditor	Che	ck here	led claim dated
☑ Money	old performed loaned I injury/wrongful death		Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from	sation (fill out below) rvices performed
2 Date debt was	as incurred	3	If court judgment, date obtain	ed
See reverse side Unsecured Nonp Check this beby your claim exceonly part of your c Unsecured Priorit Check this been titled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing obusiness whichever Contributions	priority \$ the claim ort obligations under 11 U S C \(\display 507(a)(1)(A) \(display 6000) \times earned with the bankruptcy petition or cessation of the debris earlier 11 U S C \(\display 507(a)(4) \) to an employee benefit plan - 11 U S C \(\display 507(a)(4) \)	which is	Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Real Estate Motor Value of Collateral Motor Value of Collateral Motor Value of Collateral Motor Value of Collateral Motor Secured claim if any \$1,802 Up to \$2 225* of deposits toward por services for personal family or \$507(a)(7) Taxes or penalties owed to governing Other Specify applicable paragramounts are subject to adjustment on with respect to cases commenced on the set of the secured of the secured claims.	eral r Vehicle Other— arges at time case filed included in 040 purchase lease or rental of property household use 11 U S C mental units - 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter in or after the date of adjustment
5 Total Amou	nt of Claim at Time Case Filed	\$	\$1,802,040 (unsecured) (secured)	\$1,802,040 (priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
making this prod 7 Supporting D orders invoices agreements and	e amount of all payments on this claim has been of of claim ocuments Attach copies of supporting documents attach copies of running accounts control evidence of perfection of lien DO NOT SEN not available explain. If the documents are voluted to the copy of the proof of claim. Sign and print the name and title if any of the this claim (attach copy of power of attority).	nents such acts court ND ORIGI immous at illing of you the credito	as promissory notes purchase judgments mortgages security NAL DOCUMENTS If the tach a summary ir claim, enclose a stamped self	THIS SPACE IS FOR COURT USE ONLY ED JAN 09 2007 USA CMC
1/02/07	Segal, Goldman, Mazzotta & Siegel, P	C, attorne	eys for Morris Massry	1072501898

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Debtor	Case Number			
USA COMMERCEAL MORICAGE CONFAM	BK-S-O	6-10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
Gary A Michelson C/O John F Murtha, Esa PO Box 2311		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Reno, Novada 89505		Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DE If you have aln Bankruptcy Court	BTORS eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (775 6 8 8 - 30/6	4-14-	court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	Jeptor	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal ınjury/wrongful death	Wages s	alaries and compensation (fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned U Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED JAN, 6, 2005 & later	3 IF CO	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 543,373 Check this box if a) there is no collateral or lien securing your claim or b)	vous claim	Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim all or part of which is		Real Estate		Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage at secured claim, if any		at time case filed included in
Specify the priority of the claim	,,			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days	اا	Up to \$2 225 of deposits toward services for personal family of		
before filing of the bankruptcy petition or cessation of the debtors		Taxes or penalties owed to go		
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part	agraph of 11 U S C	§ 507(a) ()
Continuations to an employee benefit plan 11 0 3 0 g 307(a)(3)		Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 543,373 \$		\$		\$ 543,373
AT TIME CASE FILED (unsecured)	(s	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal a	amount of the claim Attach ite	mızed statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the co- 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<i>iments,</i> su agreements locuments	ch as promissory notes pure and evidence of perfection are voluminous attach a sui	chase orders inv of lien DO NO mmary	roices itemized statements of IT SEND ORIGINAL
The original of this completed proof of claim form must be sen	t hy mail a	r hand delivered (EAYES A	IOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	prevailin corporation	g Pacific time, on Novembers, joint ventures trusts ar	er 13 2006 nd	USE ONLY
BY MAIL TO BMC Group	BMC Grou	•		
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	er F	ILED NOV 1 3 2006
El Segundo CA 90245 0911	El Seguno	lo CA 90245		
DATE SIGN and print the name and title if any of the title scaling (attach copy of power of attorn		other person authorized to file	-	USA CMC
11-10-6 Truly A Horney	`^ ``	lainant		1072501312
		<u> </u>		

TI CONTROL CON		
United Stales Bankruptcy Court	District Of Nevada	PROOF OF CLAIM
Name of Duhlor USA COVERERUAL	Case Number	THOO! OF CEARIN
MORTGAGE CONTRANY	06-10725 -LBR	
		- 1
NOTH This form should not be used to make a claim for an admini		1
of the case. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC § 503	
Name of Conditor (The name of other option to whom the	Check box if you are aware that anyone	- 1
Name of Creditor (The person or other entity to whom the debtor owes money or property) GARY I. I BARBARA L. BALLER TRUSTERS OF THE GARIT. I BARBARA L. MILLER TRUSTERS	else has filed a proof of claim relating to	
L. MILLER TRUSTEE OF THE GARYT	your claim Attach copy of statement	
+ BARBARA COMILLER TRUST HATES	giving particulars	i
8-13-87	Check box if you have never received any	
Name and address where notices should be sent	notices from the bankruptcy court in this	
しょのうつ ディイル ベータリガ	case.	
LOS HAGRIES CALIF 90064	Check box if the address differs from the	
Telephone number 316 4797447	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
identifies debtor	if this claim amends a previously fil	ed claim dated
TOURIST WOOD		
1 Basis for Claim	Retiree benefits as defined in	
Goods sold	Wages salaries and compens	
Services performed	Last four digits of your SS #	
Money loaned	Unpaid compensation for ser	vices performed
Personal injury/wrongful death	from	to
Taxes SBB BXHIBIT 14	(date)	(date)
Other		
2. Date debt was incurred	3 If court judgment, date obtaine	d
2. Date debt was incurred MAMCH ZOO,	/	
4 Classification of Claim Check the appropriate box or boxes the	hat best describe your claim and state the amoun	t of the claim at the time case filed
See reverse side for important explanations	Secured Clare	
Unsecured Nonpriority Claim \$ 555,683000		
Check this box if a) there is no collateral or lien securing you		is secured by collateral (including
b) your claim exceeds the value of the property securing it or if c)	aright of setoff)	
only part of your claim is entitled to priority	Brief Description of Collate	ral
Unsecured Priority Claim	Real Estate Motor	Vehicle Other
	Value of Collateral \$41	NKNOWN
Check this box if you have an unsecured claim all or part of entitled to priority	wnich is	
entities to priority	Amount of arrearage and other chi	arges at time case filed included in
Amount entitled to priority \$	secured claim if any \$	
Specify the priority of the claim	Up to \$2 225* of deposits toward p	urchase lease or rental of property
	or correspon for personal family or h	
Domestic support obligations under 11 USC § 507(a)(1)(A)	or § 507(a)(7)	
(a)(1)(B)	Taxes or penalties owed to governm	ental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000),* earned with	in 180 Other - Specify applicable paragrap	h of 11 USC \$ 507(a)()
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4	
i 🗂	with respect to cases commenced or	or after the date of adjustment
☐ Contributions to an employee benefit plan - 11 USC \ 507(a)(5)	
5 Total Amount of Claim at Time Case Filed	8.55.5 683. #555, 683.	
	(unsettued) (secured)	(priority) /(Total)
Check this box if claim includes interest or other charges in act interest or additional charges	aution to the principal amount of the claim. Att	acn itemized statement of all
	n amulated and dod-stad for the survey of	D •
and an early mand on the country and over	in created and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		
7 Supporting Documents Attach copies of supporting docum		
orders invoices itemized statements of running accounts cont		
agreements and evidence of perfection of lien DO NOT SE		
documents are not available, explain If the documents are vol	•	
8. Date-Stamped Copy To receive an acknowledgment of the	filing of your claim, enclose a stamped, self-	FILED JAN 1 1 21
addressed envelope and copy of this proof of claim		LILLO DULLE
Date Sign and print the name and title if any, of	the creditor or other person authorized to	
file this claim (attach copy of power of att	omey it any)	
1 The 1 Min	(Z)	
110/1/1000	THUSTER	USA CMC

	8,90-£0723-gw2 D00-6030	PR	OOF OF CLAIM	10.29 Fay	6 7 01 11
Name of Debtor	Bakkan and a second of the sec	Case No	ımber		
USA Commercial M	lortgage Company	ì	725-LBR		
OGA Commercial III	ortgage Company	30-10	LO-LDIK		
NO™E See Reverse for List	of Debtors and Case Numbers	<u> </u>	L .		
	I to make a claim for an administrative ex nent of the case A "request" for payment		Check box if you are aware that anyone else has	ļ	
	be filed pursuant to 11 U S C § 503	LUI ari	filed a proof of claim relating		YOWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and	Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU D	O NOT HAVE TO FILE A PROOF
	1132124203745	56	Check box if you have		INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
MONIGHETT			never received any notices		
6515 FRANK PRUNEDALE			from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
			Check box if this address	ONE OF THE DER	
}			differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again.
Creditor Telephone Number	()		court.	THIS SPACE	E IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor	Check here replace	ces	
			if this claim amer	nds	filed claim dated
1 BASIS FOR CLAIM Goods sold	Personal injury/wrongful death _		benefits as defined in 11 U S	-	Unremitted principal
Services performed	Taxes		salanes and compensation (fill out below)	Other claims against service (not for loan balances)
Money loaned	Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	
		Oripaid	compensation for services pe	nomed nom	to
2 DATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(00.0)
4 CLASSIFICATION OF CL	•••	at best desc	nbe your claim and state the amo	unt of the claim at th	e time case filed
See reverse side for important UNSECURED NONPRIORIT	· · · · · · · · · · · · · · · · · · ·		SECURED CLAIM		
Check this box if a) there is	s no collateral or lien securing your claim or b			our claim is secure	ed by collateral (including
exceeds the value of the pre	roperty securing it or if c) none or only part of y	your claim is	a nght of setoff) Bnef description of	collateral	
UNSECURED PRIORITY CL	AIM	····	Real Estate	_	Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	_	Other
Amount entitled to priority	•			·	at time case filed included in
Specify the priority of the cl	Ψ		secured claim, if any		at urne case med included in
1	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	г	Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
	ssions (up to \$10 000)* earned within 180 day	's	services for personal family of		
	tcy petition or cessation of the debtor's lier 11 U.S.C. § 507(a)(4)	느	Taxes or penalties owed to go		• (7,7
Contributions to an employ	ree benefit plan 11 U S C § 507(a)(5)	ــا	Other Specify applicable part * Amounts are subject to adjust		
			with respect to cases commer		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	AIM \$ \$, ,	1,963,55 \$		\$ 1,509,96355
	(unsecured)	,	secured)	(priority)	(Total)
	udes interest or other charges in addition to t				
	of all payments on this claim has been cre		• •		
running accounts contract	MENTS Attach copies of supporting doc cts, court judgments mortgages security	<i>c<u>uments,</u> s</i> agreemen	uch as promissory notes pure ts and evidence of perfection	chase orders invo	cices itemized statements of SEND ORIGINAL
DOCUMENTS If the doc	cuments are not available explain. If the	documents	are voluminous attach a sui	mmary	
8 DATE-STAMPED COP	To receive an acknowledgment of the	he filing of	your claim lenclose a stampe	d self-addressed	envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be set actually received on or before 5 00 pm	n, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO	y (including individuals, partnerships,	BY HAND	OR OVERNIGHT DELIVERY TO	ì	FILED
BMC Group Attn USACM Claims Doc	keting Center	Attn US/	oup ACM Claims Docketing Cente	,	NCM 24 June
P O Box 911	•	1330 Eas	st Franklin Avenue		NOV 10 2006
El Segundo CA 90245-09	SIGN and point the name and title if any of ti		do CA 90245 r other person authorized to file		LISA CMC
11806	this Caim (attach copy of power of atto		(USA CMC
11000	1 the				1072501208

Case 06-10725-gwz Doc 8638	-3 En	tered 07/14/11 16:1	∩·20 Dao	e 8 of 11
Case 06-10725-gwz Doc 8638	PRO	OF OF CLAIM	.0.25 T ug	C 0 01 11
	Case Nu	mhor		
Name of Debtor				
USA Commercial Mortgage Company	06-107	'25-LBR	PEAN	CED O M Asses
			10(1)	SEP 2 5 2006
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address 11321242037562		statement giving particulars Check box if you have	DEBTORS YOU DO CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT ID IN THE COLLECTION ACCOUNT
MULLIN ELAINE 3115 MERRILL DR #37 TORRANCE CA 90503		never received any notices from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the envelope sent to you by the	If you have alro Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 310/533-1939		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies 1.5.5.7	debtor	Check here replain or if this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death] Wages,	salaries and compensation (fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(5515)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)) vour claım	Check this box if ye	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of y entitled to priority	our claim is	a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of		—
Check this box if you have an unsecured claim all or part of which is		XXX Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ <u>220</u>	,000.00
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L.	Up to \$2 225* of deposits town services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	° –	Taxes or penalties owed to go		• ,,,,
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable par		•
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju		
5 TOTAL AMOUNT OF CLAIM \$	220 0	with respect to cases commer	iced on or after the	
AT TIME CASE FILED (unsecured)	220,0	secured)	(pnonty)	\$ 220,000.00 (Total)
Check this box if claim includes interest or other charges in addition to the	•	•	• • • • • • • • • • • • • • • • • • • •	· · ·
6 CREDITS The amount of all payments on this claim has been cre		• •	• .	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	agreement	s, and evidence of perfection	of lien DO NO	oices, itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		•	•	l envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pn for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacıfic tıme, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO		Filed Date. 9/25/2006
Attn USACM Claims Docketing Center	BMC Gro	up \CM Claims Docketing Cente	er	about
P O Box 911 El Segundo CA 90245-0911	1330 Eas	t Franklin Avenue do, CA 90245		414512006
DATE SIGN and print the name and title if any of the				
9/22/06 Chis claim (attach copy of power of attor		,		USA CMC
Clains Mullin	/ Elai:	ne P Mullin		1072500221

Case 06-10725-gwz Doc 8638-3 Entered 07/14/11 16:10:29 Page 9 of 11 **FÓRM B10 (Official Form 10) (10/05)**

United Statis Bankruptcy Court	Dis	TRICT C	F Nevada	PROOF OF CLAIM
Name of Dehtor USA Commercial Mortgage Company	Case I	Yumber (06-10725-LBR	
NOTE: This form should not be used to make a claim for an administrative expense me	strative exp ny be filed p	ense arisi pursuant i	ng after the commencements II USC § 503	nt
Name of Creditor (The person or other entity to whom the			you are aware that anyone	
debtor owes money or property) Walter Musso & Barbara Musso Trustees of the Musso Living Trust dated 11/30/92	your		a proof of claim relating t Attach copy of statement lars	to
Name and address where notices should be sent Welter Musso		es from	you have never received a the bankruptcy court in the	
P O Box 2566	Che	ck box if	the address differs from the	
Avila Beach, CA 93424 Telephone number 805-595-2123		ess on the court.	e envelope sent to you by	THIS SIMCE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Che	ck here is claim	replaces amends a previously	y filed claim dated
1 Basis for Claim			etiree benefits as defined	
Goods sold			ages, salaries, and comp ast four digits of your SS	ensation (fill out below)
Services performed Money loaned			npaid compensation for	
Personal injury/wrongful death		fr	om	to
Other See Exhibit A			(datc)	(date)
2. Date debt was incurred November 21, 2003	3.	If cou	rt judgment, date obtai	ined·
4 Classification of Claim. Check the appropriate box or boxes to	hat best des	enbe you	or claim and state the amo	ount of the claim at the time case filed
See reverse side for important explanations. Unsecured Nonpriority Claim \$_623,004.79		Secur	red Claim	
Check this box if a) there is no collateral or lien securing you	ur claım, or	a righ	Check this box if your cla t of setoff)	um is secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	-	Brief Description of Coll	ateral
Unsecured Priority Claim			Real Estate Mo	otor Vehicle Other
Check this box if you have an unsecured claim all or part of entitled to priority	which is	Amou	int of arrearage and other	charges at time case filed included in
Amount entitled to priority \$		L	ed claim, if any \$ 8.36	
Specify the priority of the claim.		OF SCTVI	ces for personal, family, o	d purchase, lease, or rental of property or household use - 11 USC
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or [7]	§ 507(a		mmental units - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* earned with	180		•	raph of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	xors ∐ ≀A*		• • • • • • • • • • • • • • • • • • • •	on 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. \$ 5070				l on or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	\$		04 79 623,004,79	623,004 79
(unaccused) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6. Credits The amount of all payments on this claim has bee	n credited a	and dedu	cted for the purpose of	THIS SPACE IS FOR COURT USF ONLY
making this proof of claim 7 Supporting Documents: Attach copies of supporting documents.	mente essah	se nmm	secory notes numbase	
orders invoices itemized statements of running accounts, cont	racts, court	judgmer	nts, mortgages, security	TED 1811 1 0 2007
agreements, and evidence of perfection of lien DO NOT SE				FLED JAN 1 6 2007
documents are not available, explain If the documents are voli 8. Date-Stamped Copy To receive an acknowledgment of the			•	
addressed envelope and copy of this proof of claim			•	
Date Sign and print the name and title, if any, of file this claim (attach copy of power of attach.)			r person authorized to	
1/8/07 / 1/0/1/2000 -		Λ		USA CMC

TOTAL DIO (SMOIGHT ONE TO) (TOTOS)	والمستجد والمستجد والمنافئة والمناف والمستجد والمستجد والمستجد والمستجد والمستجد	
UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	ì
USA Commercial Mortugar Co	empany 06-10725-L	BR
NOTE This form should not be used to make a claim for an adminis		ent
of the case. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyo else has filed a proof of claim relating	
nancy R. Dans Trustee of the	your claim Attach copy of statemen	
Mancy R Davis Defined Benefit	plangiving particulars	
Name, and address where notices should be sent	Check box if you have never received notices from the bankruptcy court in	
nancy Dava	case	111.5
nancy Dava 1229, Prosser Dam Rd Telephone number	Check box if the address differs from address on the envelope sent to you b	
Telephone number	the court	THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
identifies debtor	if this claim amends a previous	ly filed claim dated
1 Basis for Claim	Retiree benefits as define	
Goods sold	Wages salaries and com Last four digits of your S	
Services performed Money loaned	Unpaid compensation for	
Personal injury/wrongful death	from	
Paxes See Exhibit A	(date)	(date)
	3 If court judgment, date obta	Laure
2 Date debt was incurred 4/13/05	3 If court judgment, date obt	nneu
4 Classification of Claim Check the appropriate box or boxes that	at best describe your claim and state the am	nount of the claim at the time case filed
See reverse side for important explanations	Secured Claim	
Unsecured Nonpriority Claim \$ 40 FEAA	Charleshia hawat waxa al	arm is secured by collateral (including
Check this box it a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) nonly part of your claim is entitled to priority	r claim, or a right of setoff)	ann is accused by contactal (metading
only part of your claim is entitled to priority	Brief Description of Col	lateral
Unsecured Priority Claim	Real Estate M	otor Vehicle Other
Check this box if you have an unsecured claim all or part of w	high is Value of Collateral \$	unknown
entitled to priority	1	charges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 41	142 OF EXA
Specify the priority of the claim	Up to \$2 225* of deposits towar	d purchase lease or rental of property
Domestic support obligations under 11 USC \$ 507(a)(1)(A) or	0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a)(1)(B)	Taxes or penalties owed to gover	rnmental units - 11 USC § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debto	180	raph of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 USC \$ 507(a)(4)	*Amounts are subject to adjustment	on 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a)		l on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$Ln 4 Ean Ln 4 Ex (unsecured) (secured)	A Coronty) (Total)
Check this box if claim includes interest or other charges in additional charges		Attach itemized statement of all
6 Credits The amount of all payments on this claim has been of	credited and deducted for the purpose of	TH'S SIACE IS FOR COURT USE ONLY
making this proof of claim 7. Supporting Doguments. Attack contact of numerical distances.		
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract	nis, such as promissory notes, purchase	
agreements and evidence of perfection of lien DO NOT SENE	O ORIGINAL DOCUMENTS If the	200
documents are not available explain. If the documents are volum	ninous attach a summary	FILED J' 11 20
8 Date Stamped Copy To receive an acknowledgment of the film		
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any, of the	a creditor or other person outhours I to	-
Tan 8 file this claim (attach copy of power of attorn	e creator or other person authorized to ley, if any)	1104 6110
	tep.	USA CMC
		1072502085

United States Bankrupicy Court	District of Nevada	PROOF OF CLAIM		
Name of Debicor USA Commercial Mortgage Company	Case Number 06-10725- LBR	THOO STORY		
NOTE: This form should not be used to make a claim for an administration of the case. A request for payment of an administrative expense may be				
Name of Creditor (The person or other entity to whom the debtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement			
r Plante and address where notices should be sent	giving particulars. Check box if you have never received any notices from the bankruptcy court in this case.			
Hr 2 Mrs John O'Riordan 2745 Hartwick Pines Dr Henderson Nv 89052-7002 Telephone number 702-641-5522	Check box if the address differs from the address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a previously filed	claim dated		
1 Basis for Claim Goods sold Services performed Money loaned Personal mjury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 Wages, salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed		
2. Date debt was incurred Jan 2005	3. If court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes that be See reverse side for important explanations Unsecured Nonpriority Claim \$\(\frac{1}{28}, \frac{252}{26} \) Check this box if a) there is no collateral or lien securing your clab your claim exceeds the value of the property securing it, or if c) non-only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of whice entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C \(\frac{5}{2} \) 507(a)(1)(A) or (a)(1)(B) Wages sataries, or commissions (up to \$10,000),* earned within 18 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C \(\frac{5}{2} \) 507(a)(4) Contributions to an employee benefit plan - 11 U S C. \(\frac{5}{2} \) 507(a)(5) Total Amount of Claim at Time Case Filed.	Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collateral Real Estate Motor Veil Value of Collateral \$ Uhk (1) Amount of arrearage and other charges secured claim, if any \$ 2t , 805 Up to \$2,225* of deposits toward purchase services for personal family or house \$ 507(a)(7)	ecured by collateral uncluding hicle Other		
Check this box if claim includes interest or other charges in addition interest or additional charges	(unsecuted) (secured) (pric in to the principal amount of the claim. Attach it			
6. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available explain. It the documents are voluminous, attach a summary. 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).				
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or impi	Souhild A. O'Riordan	USA CMC		